

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75310	6/15/00
O.I.P.E. CLASSIFIER		12	6/12/00
FORMALITY REVIEW	ML	831	08/01/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4-1-5-3
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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